

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033326
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3077

Primary Registration District No. 322

Registrar's No. 20

FILED SEP 12 1962

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Slater

Length of stay in lb
6 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 117 E. Parker St

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Saline

c. CITY OR TOWN Slater

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
117 E. Parker St

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

James

William

Harris

4. DATE OF DEATH

Month September

Day 3

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/28/1875

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Saline County, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Robert Harris

13b. MOTHER'S MAIDEN NAME

Don't Know

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. John Akeman, Slater, Missouri

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardio-Vascular Disease

DUE TO (c)

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1961 to Sept. 4-62 and last saw her alive on 8-15-62.

Death occurred at 4 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. Nelson Quanz M.D.

(Degree or title)

22b. ADDRESS

313 1/2 N Main Slater

22c. DATE SIGNED

8-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

Slater

23d. LOCATION (City, town, or county)

Slater, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Haines Funeral Home, Slater, Missouri

25. DATE RECD. BY LOCAL REG.

9-5-62

26. REGISTRAR'S SIGNATURE

Mr. Raymond Brown

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0971
2 0971

3

4 0

5 0

6

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8 2

9443X

10

11

12 10-0

13 1-0

DEC 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Haener, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.